

Core 400 LLC

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DATE NOTICE SENT TO ALL PARTIES: Sep/18/2017

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: cervical epidural steroid injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiology

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for cervical epidural steroid injection is not recommended as medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a XX whose date of injury is XXXX. The patient was struck XX. CT of the cervical spine dated XXXX revealed no cervical spine fracture or dislocation; no significant spinal canal or neural foraminal narrowing. MRI of the cervical spine dated XXXX revealed multilevel mild to moderate degenerative changes with minimal thecal sac effacement at C7-T1 and moderate left neural foraminal narrowing at C5-6. The patient completed a course of physical therapy. Electrodiagnostic results dated XXXX revealed no frank evidence of radiculopathy or polyneuropathy at this time. Office visit note dated XXXX indicates that he has had some trigger point injections. Office visit note dated XXXX indicates that the patient has participated in a work conditioning program and received left shoulder injections. Office visit note dated XXXX indicates that cervical rotation to the right is 65, left is 55. He has 0/4 left biceps reflex and 1/4 right biceps reflex and otherwise 2/4 in the upper extremities. With the exception of the shoulders, his upper extremity strength is 5/5. Follow up note dated XXXX indicates that neck pain and left shoulder pain is rated as 3/10. He reports that he is awaiting left shoulder surgery at the end of the month. On physical examination, cervical rotation to the right is about 60 degrees, left is 55. He has 2/4 upper extremity reflexes, but the biceps reflexes are certainly sluggish. He has a decreased perception of vibration in the left fifth finger and strength is otherwise 5/5 although the shoulder was not tested.

A prior request was non-certified on XXXX noting that there is no documentation of a compressive lesion upon a neural element on objective radiographic testing accomplished of the cervical spine to support a medical necessity for this specific request. Additionally, the reference does not support a medical necessity for treatment in the form of a cervical epidural steroid injection as a general rule. The denial was upheld on appeal noting that the guidelines do not support epidural steroid injections in the cervical region given the serious risks of the procedure and the lack of quality evidence for sustained benefit. If performed, the guidelines require objective evidence of radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing, and unresponsiveness to conservative treatment. The CT scan of the cervical spine reported no evidence of nerve root

impingement. There are no electrodiagnostic studies reporting radiculopathy. There is no objective documentation of lower levels of care with a home exercise program or nonsteroidal anti-inflammatory medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been recommended to undergo a cervical epidural steroid injection; however, the level and laterality being requested is unclear. The Official Disability Guidelines note that cervical epidural steroid injections are not recommended based on recent evidence, given the serious risks of this procedure in the cervical region, and the lack of quality evidence for sustained benefit. If used anyway, the Official Disability Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's physical examination fails to establish the presence of active radiculopathy, and submitted imaging fails to document significant neurocompressive pathology. As such, it is the opinion of the reviewer that the request for cervical epidural steroid injection is not recommended as medically necessary and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)